

10/54080

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/					51					
2	/		/					52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9	/		/					59					
10								60					
11								61					
12								62					
13								63					
14								64					
15								65					
16								66					
17	/		/					67					
18								68					
19								69					
20								70					
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39								89					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3												
TOTAL DEP.	17												
TOTAL CLAIMS	20												